



## Notification of Hazardous Waste Activity

States Environmental Protection Agency  
Washington, DC 20460

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

### For Official Use Only

[illegible]

### I. Name of Installation

SARANN TRUCK CENTER OF SPRINGFIELD

## II. Installation Mailing Address

		Street or P.O. Box																							
C		836	N	O	R	T	H	G	L	E	N	J	S	T	O	N	E								
3																									
		City or Town																		State		ZIP Code			
C		S	P	R	I	N	G	F	I	E	L	D													
4																									
																				MO		65801			

### III. Location of Installation

[illegible]

#### IV. Installation Contact

	Name and Title (last, first, and job title)	Phone Number (area code and number)
C 2	KILL MIKE GEN MGR	417 869 0775

### V. Ownership

A. Name of Installation's Legal Owner																B. Type of Ownership (enter code)							
C R	F	R	A	N	K	M	O	H	L	E								P					

**VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator	<input type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel	
<input type="checkbox"/> 2. Transporter		(enter 'X' and mark appropriate boxes below)	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> 7. Generator Marketing to Burner	
<input type="checkbox"/> 4. Underground Injection		er	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel			
(enter 'X' and mark appropriate boxes below)			
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

**VII. Waste Fuel Burning: Type of Combustion Device** (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler      ☐ B. Industrial Boiler      ☐ C. Industrial Furnace

**VIII. Mode of Transportation** (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air    ☐ B. Rail    ☐ C. Highway    ☐ D. Water    ☐ E. Other (specify) \_\_\_\_\_

### IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification      ☐ B. Subsequent Notification (*complete item C*)

ID — For Official Use Only																
C															T/A	C
W																1

# X. Description of Hazardous Wastes (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable  
(D001)


☒ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

## XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) J M LeBar ANT PER-Y	Date Signed 5/8/87
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EPA Form 8700-12 (Rev. 11-85) Reverse

RECEIVED

MAIL TO:

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WASTE MANAGEMENT PROGRAM  
P. O. BOX 176  
JEFFERSON CITY, MISSOURI 65102

MAY 19 1987

STPG SECTION





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**For Official Use Only**

### Comments

[illegible]

### I. Name of Installation

SARANN	TRUCK	CENTER	OF	SPRINGFIELD
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## II. Installation Mailing Address

Street or P.O. Box

C	P36	NORTH	BLENSTONE
3			

City or Town

State

ZIP Code

C	SPRINGFIELD															State	Zip Code		
4																MO	65801		

### III. Location of Installation

Street or Route Number

C	J A ME																								
5																									

City or Town

## State

ZIP Code

[illegible]

#### IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

[illegible]

## V. Ownership

**A. Name of Installation's Legal Owner**

B. Type of Ownership (enter code)

C	FRANK MOHLE										5. Type of Ownership (enter code)									
R											P									

**VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

### A. Hazardous Waste Activity

### B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel  
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel Marketer (enter "X" and mark appropriate box below)
- ☐ a. Generator Marketing Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or Owner) Who First Claims the Oil Meets the Spill Prevention Program

**VII. Waste Fuel Burning: Type of Combustion Device** (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

**VIII. Mode of Transportation** *(transporters only — enter 'X' in the appropriate box(es))*

- ☐
- A. Air
- ☐
- B. Rail
- ☐
- C. Highway
- ☐
- D. Water
- ☐
- E. Other (specify) \_\_\_\_\_

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- ☒ A. First Notification      ☐ B. Subsequent Notification (*complete item C*)

**C. Installation's EPA ID Number**

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C												T/A	C
W													1

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Signature

*Julius*

Name and Official Title (type or print)

J M Heber ASST  
SECY

Date Signed

5/8/87

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